



MENTAL RETARDATION SPECIAL EDUCATION ENDORSEMENT (MR)
 NORTH DAKOTA EDUCATION STANDARDS AND PRACTICES BOARD
 SFN 58899 (07-2008)

Social Security Number	Date of Birth	ND Teaching License Number	
Work Telephone Number	Email Address		
Home Telephone Number			
Last Name	First Name	M.I.	Maiden Name
Mailing Address	City	State	Zip (9 digit)

Prerequisite: Valid North Dakota educator's professional license in early childhood, elementary, middle, or secondary education.
Plan on File Prerequisite: Two years of successful teaching in general education documented with a letter from your administrator; 8 SH of mental retardation (MR) coursework; and documented supervision by a MR special education teacher.
Reeducation Plan: Submit the teacher education program of study form. This endorsement will be issued one year at a time up to three years and must be requested by the administrator. Submit copies of official transcripts annually for plan progress review.
Endorsement Request and Verification: Once you have completed the requirements, request this endorsement be added to your license by returning this form to ESPB along with your official transcripts.
Fees: If you wish to add this endorsement between renewals, a non-refundable fee of \$75 must be enclosed. There is no additional fee to add this endorsement at your normal license renewal time.
Timeline: Coursework must be completed prior to or within three calendar years of first contracted employment as a MR special education teacher in North Dakota. Completion of this endorsement does not change your regular license renewal due date.

Mental Retardation Special Education Program of Study

20 SH at the undergraduate or graduate level from an approved teacher education program verified with official transcripts.		
Coursework	Completed (SH)	Needed (SH)
Exceptional children and youth		
Mental hygiene or psychology of adjustment or personality theory or abnormal psychology		
Methods and materials in mental retardation		
Characteristics or assessment of specific learning disabilities		
Transition to adult life		
Music or art methods		
Corrective reading		
Behavior management or consultation and collaboration		
	Total SH	Total SH
Mental retardation practicum		
Administrator letter (see prerequisite above)		
MR supervisor name and documentation (see prerequisite above):		

Signature of Applicant	Date
ESPB Review	Date
Executive Director, ESPB	Date
License Code 19105, 19205, 19305, 19405, 19505, 19605	Type of Equivalency 23
Plan on File Start Date:	Plan on File Expiration Date:
	Level of Preparation
	Plan on File Effective Date:

Submit completed form and \$75 fee to: Education Standards and Practices Board
 2718 Gateway Ave, Suite 303
 Bismarck ND 58503-0585
 (701) 328-9641 office
 (701) 328-9647 fax

In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to North Dakota Century Code (NDCC) 43-50-02. The individual's social security number is used by the Education Standards and Practices Board (ESPB) as an identification number for file control purposes, background checks, and recordkeeping. ESPB does not advocate, permit, nor practice discrimination on the basis of sex, race, color, national origin, religion, age or disability as required by various state and federal laws.



Payment/Credit Card Information

Type of Payment <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Check		Amount \$	
Name as it appears on credit card		Please sign to authorize credit card charge	
Credit Card Number		Expiration Date	3 digit CVV number on back of card